HEALTH
INFORMATION
DESIGNS

RxSENTRY®

Pharmacy Dispenser's Guide

Arizona Board of Pharmacy
Prescription Drug Monitoring Program

April 2013

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Contents

1 Document Overview

Purpose and Contents

The *RxSentry® Dispenser's Implementation Guide* serves as a step-by-step guide for dispensers in the State of Arizona who dispense Schedule II through Schedule IV controlled substances and use RxSentry as a repository for the reporting of their dispenses. It includes such topics as:

- Reporting requirements for dispensers in the State of Arizona
- Data file submission guidelines and methods
- Creating your upload account
- Creating a data file
- Uploading or reporting your data
- Understanding upload error codes and definitions

This guide is intended for use by all dispensers in the State of Arizona required to report their dispensing of controlled substances.

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2   Data Collection and Tracking

Data Collection Requirements

Section 36-2602 of House Bill 2136, signed into law on July 2, 2007, requires the Arizona State Board of Pharmacy (ASBP) to establish and maintain a controlled substances prescription monitoring program (CSPMP).

The purpose of this legislation is to improve the State's ability to identify controlled substance abusers or misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances. A dispenser is required by law to report to ASBP all Schedule II, III, and IV prescriptions dispensed, under *Section 36-2608 of the Arizona Controlled Substances Prescription Monitoring Program Act*. The reporting shall be weekly and began September 1, 2008.

The primary function of ASBP is to provide a central repository of all prescriptions dispensed for Schedule II, III, and IV controlled substances in Arizona. Authorized persons may request information from this repository to assist them in treating patients and identifying and deterring drug diversion, consistent with *A.R.S. § 36-2604*. Assuring confidentiality and the security of the data is a primary consideration for all aspects of this program to include data collection, transmission of requests, and dissemination of reports.

Dispensers will be required to report on Friday of each week of the system's operation for the previous week's data (Sunday through Saturday). If a Friday falls on a State holiday, the dispenser shall report the data on the following business day.

Data collection began on Monday, October 6, 2008 and reporting began on Friday October 17, 2008 for the week ending October 11, 2008. The database also contains controlled substance data reported retroactively to April 1, 2008.

Reporting Requirements

Data collected from the dispensers shall include for each Schedule II, III, and IV prescription the following information:

- Dispenser's DEA number
- Pharmacy name
- Pharmacy's full address including street, city, state, and ZIP code
- First and last name of the person or, if for an animal, the owner of the animal for whom the controlled substance is being dispensed, and the person's or, if for an animal, the owner's:
  - Full address, including street, city, state, and ZIP code
  - Gender
  - Telephone number
  - Date of birth

- o Species (human or veterinary patient)
- Date the prescription was written
- Date the prescription was filled
- Prescription number
- Number of refills, if any, authorized by the medical practitioner
- Whether the prescription is new or refill
- Metric quantity of the dispensed drug
- Days supply of the dispensed drug
- Method of payment identified as cash or third party
- National Drug Code of dispensed drug
- Prescriber's DEA number
- Prescriber's DEA number suffix
- Prescriber's first and last name

Chapter 3, Data Submission, provides all the instructions necessary to submit the required information.

Notes:

- "Dispenser" is a medical practitioner or pharmacy authorized to dispense controlled substances.
- If you are a chain pharmacy, your data will likely be submitted from your home office. Please verify this with your home office. If you are an independent pharmacy or other entity, please forward the reporting requirements to your software vendor. They will need to create the data file, and they may be able to submit the data on your behalf. If not, follow the instructions provided in Chapter 3, Data Submission, to submit the data.

3   Data Submission

About This Chapter

This chapter provides information and instructions for submitting data to the RxSentry repository.

Timeline and Requirements

Dispensers can establish an account upon receipt of this document. Instructions are provided in the Creating Your Account topic in this guide.

You can begin submitting data as soon as your account has been established.

Data collection began on Monday, October 6, 2008 and reporting began on Friday October 17, 2008 for the week ending October 11, 2008. Dispensers were required to report their controlled substance data retroactively to April 1, 2008.

Upload Specifications

Files should be in ASAP 4.2 format as defined in Appendix A: ASAP 4.2 Specifications. Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "*20130401.dat*". **All of your upload files will be kept separate from the files of others**.

Reports for multiple dispensers/pharmacies can be in the same upload file in any order.

Prescription information must be reported at least weekly, unless a waiver has been obtained from the Arizona State Board of Pharmacy.

Creating Your Account
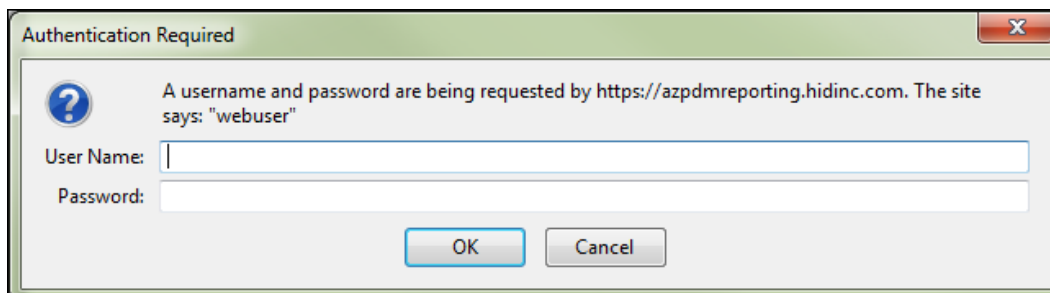
Prior to submitting data, you must create an account.

Note: Multiple pharmacies can be uploaded in the same file. For example, Walmart, CVS, etc. send in one file containing all their pharmacies from around the state. Therefore, chains with multiple stores only have to set up one account to upload a file.

Perform the following steps to create an account:

1   Open an Internet browser window, type https://azpdmreporting.hidinc.com in the address bar, and then press [**Enter**].

A login window is displayed:
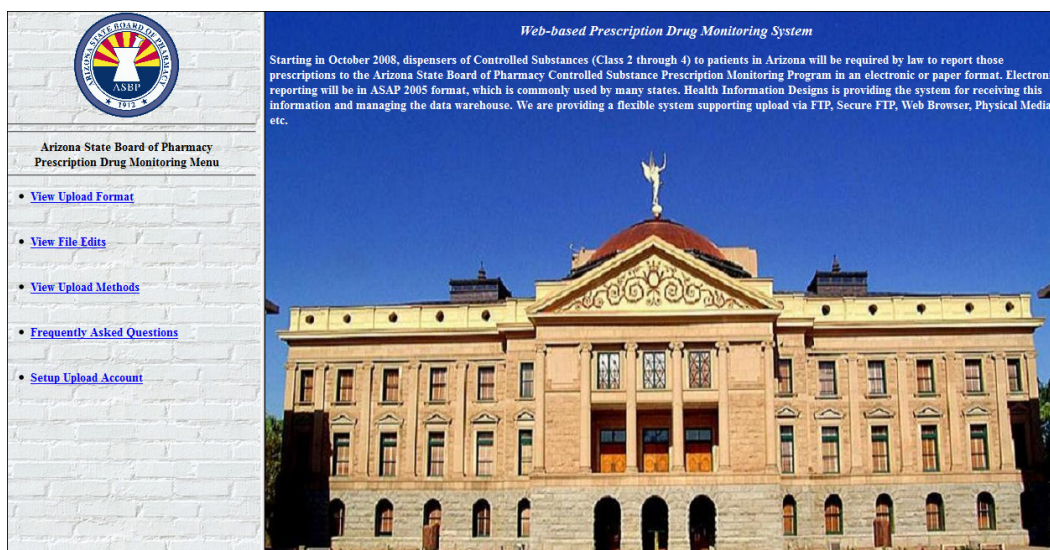
2 Type *newacct* in the **User Name** field.

3 Type *welcome* in the **Password** field, and then click **OK**. A window similar to the following is displayed:

4 Click **Setup Upload Account**.

5 Enter your DEA number in the **Physician or Pharmacy DEA number** field.

6 Type your ZIP code in the **ZIP Code** field, and then click **Next**.

A window similar to the following is displayed:

New Account Setup for AZ CSPMP Upload Access (azpdm)

We have located the following pharmacy information. If this is one of your pharmacies, continue filling out the additional contact information we need.

6122 PHARMACY 6122 WHITTIER BLD LOS ANGELES 90022 Phone: Fax:?

If you will be reporting for more than one Dispenser, you should create a generic account using a something more generic like "CVS" or "Target" or "RiteAid".

Your Choice:	○ Keep A91955650 as my account for a single Dispenser. ○ Create an account using 6122 as my ID for uploading more than one Dispenser's Data. (You may edit this ID.)

Who should we contact regarding issues with data uploads?

***Contact Name:**	Test April
Contact Address:	6122 WHITTIER BLD City: LOS ANGELES State: CA Zip: 90022
***Contact Email:**	april@hidinc.com Don't Email Edit Reports ▾
***Contact Phone:**	3345023262
***Contact Fax:**	Don't Fax Edit Reports ▾
Anticipated Upload Method:	FTP of file Encrypted with OpenPGP / Upload with Internet Browser using SSL / Mail a Diskette / Mail a CDR

Now, here are all the Pharmacies whose name is somewhat similar to the name above. Pharmacies that are really similar are already selected for you. Please Hold down CTRL and select any additional Pharmacies we missed.

NOTE: If you do not see any or all of your pharmacies below you can still report for them. You do not have to select all of the pharmacies to report for them. The first time you send in a file for your pharmacies, those pharmacies you reported for will be tied to your user name.

7   Complete the form in its entirety, and then click **Next.** A window similar to the following is displayed:

New Account Setup for AZ CSPMP Upload Access (azpdm)

Updating password for user A91955650

6122 PHARMACY 6122 WHITTIER BLD LOS ANGELES 90022 3345023262 Signup

Thank you for completing this information.

Your access password for the account A91955650 has been set to 40694. Please remember that password.

You can now shutdown your browser and restart it in order to clear out the "newacct" login, then come back to this same URL with the account and password above to upload a file. At the moment, there will be a delay (less than a day) until your FTP and/or SFTP account is created.

A randomly-assigned password for the FTP and SFTP processes is provided to you.

Software vendors setting up multiple accounts may choose from the following options:

1.   Create each account separately by using the method listed above. After you finish one pharmacy's account, click **Setup Upload Account** on the home page, and repeat the process;

     Or

2.   Create multiple accounts using one pharmacy's DEA number and ZIP code. If you choose this method, select **Set up user name as a group**.

Note: Data error reports will be submitted to the e-mail address(es) supplied for the account(s).

Modifying Your Upload Account

Use this function if you need to modify the information supplied when you originally created your account.

1 Open an Internet browser window, type https://azpdmreporting.hidinc.com in the address bar, and then press [**Enter**].
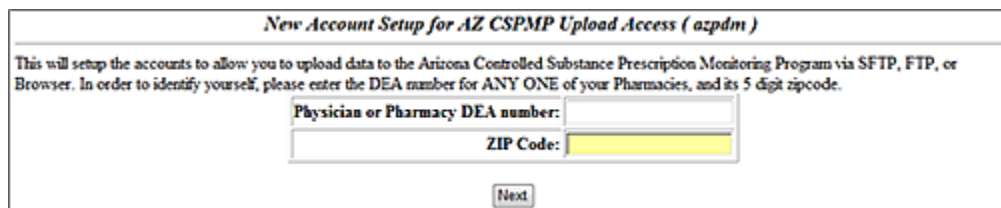
A login window is displayed.

2 Type your user name in the **User Name** field.

3 Type your password in the **Password** field.

4 Click **OK**.

5 From the RxSentry home page, click **Modify Upload Account**.

6 Update the information as necessary, using the field descriptions provided in the Creating Your Account topic as a guideline.

7 Click **Next**. A message displays that your account information was successfully updated.

Reporting Zero Dispensing

If you have no dispenses to report for the preceding seven day period, you must report this information to the Arizona State Board of Pharmacy by performing the following steps:

1 If you do not have an account, perform the steps in Creating Your Account.

2 Open an Internet browser window, type https://azpdmreporting.hidinc.com in the address bar, and then press [**Enter**].

A login window is displayed.

3 Type your user name in the **User Name** field.

4 Type your password in the **Password** field.

5 Click **OK**.

6 From the RxSentry home page, click **Report Zero Activity**.

A window similar to the following is displayed:

Report Zero Activity

This utility will allow you to record periods of zero activity for a given pharmacy. Note that if you are responsible for a group of pharmacies, you may enter the pharmacy's ID and/or Name in the fields provided or you may request a list of potential names to choose from.

Dispenser:	FD1234323:DESERT SKY PHARMACY:
Address:	6750 WEST THUNDERBIRD ROAD PEORIA 85381
Phone:	6232090870
Fax:	6232090872
Email:	TAIPHAM2100@YAHOO.COM
Period Start Date:	
Period End Date:	06/16/09

[Continue]

7 Type the start date for this report in the **Period Start Date** field, using the *dd/mm/yy* format.

Notes:

- The **Period End Date** field is populated with the current date. You may adjust this date, if necessary.
- All other pharmacy information is populated with the information provided when you created your account.

8 Click **Continue**. A message similar to the following is displayed:

Report Zero Activity

Zero report for 06/09/09 though 06/16/09
has been registered for:
FD1234323 (DESERT SKY PHARMACY)

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4   Data Delivery Methods

About This Chapter

This chapter provides information about the data delivery methods you can use to upload your controlled substance reporting data file(s).

To quickly locate step-by-step instructions for a particular data delivery method, click the hyperlink in the following table:

Secure FTP Over SSH

There are many free software products that support Secure FTP. Neither the Arizona State Board of Pharmacy nor Health Information Designs is in a position to direct or support your installation of operating system software for Secure FTP; however, we have information that WinSCP (http://winscp.net) has been used successfully by other pharmacies.

1   If an account has not yet been created, perform the steps in Creating Your Account.

2   Prepare the data file for submission, using the ASAP 4.2 specifications described in Appendix A: ASAP 4.2 Specifications.

Important notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a **.dat** extension. For example, name the file *20130401.dat* if it is submitted on April 1, 2013.

- Do not include spaces in the file name.

- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20130401a.dat*, *20130401b.dat*, and *20130401c.dat*

- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130401.zip* if it is submitted on April 1, 2013.

- Before transmitting your file, rename it to include the suffix .**up** (e.g., *20130401.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20130401.dat*).

3 SFTP the file to sftp://azpdmreporting.hidinc.com.

4 When prompted, type *azpdm* (lower case) in front of your NABP/NCPDP (or Generic ID) as your user ID and enter the password supplied when you created your account.

5 Place the file in the new directory.

6 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

7 Log off when the file transfer/upload is complete.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

Encrypted File with OpenPGP via FTP

There are many free software products that support file encryption using the PGP standard. Neither the Arizona State Board of Pharmacy nor HID is in a position to direct or support your installation of PGP compatible software utilities; however, our usage indicates that software from the GnuPG Project (http://gnupg.org) should be compatible with many operating systems.

1 If an account has not yet been created, perform the steps in Creating Your Account.

2 Import the PGP public key, supplied during the account creation, into your PGP key ring.

3 Prepare the data file for submission, using the ASAP 4.2 specifications described in Appendix A: ASAP 4.2 Specifications.

Important notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a **.pgp** extension. For example, name the file *20130401.pgp* if it is submitted on April 1, 2013.

- Do not include spaces in the file name.

- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20130401a.pgp*, *20130401b.pgp*, and *20130401c.pgp*.

- **Before transmitting your file**, rename it to include the suffix **.up** (e.g., *20130401.pgp.**up***). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20130401.pgp*).

4 Encrypt the file with the PGP software, using the public key supplied during account creation.

    Note: PGP encryption performs a single compression as it encrypts, so there is no need to zip the file.

5 FTP the file to ftp://azpdmreporting.hidinc.com.

6 When prompted, type *azpdm* (lower case) in front of your NABP/NCPDP (or Generic ID) as your user ID and enter the password supplied when you created your account.

7 Place the file in the new directory.

8 Log off when the file transfer/upload is complete.

9 Once the transmission is complete, rename the file without the **.pgp** extension (e.g., *20130401.pgp*).

10 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

SSL Website

1 If an account has not yet been created, perform the steps in Creating Your Account.

2 Prepare the data file for submission, using the ASAP 4.2 specifications described in Appendix A: ASAP 4.2 Specifications.

    Important notes:

    - The file name should be constructed using the date of submission to HID as the file name, and should have a **.dat** extension. For example, name the file *20130401.**dat*** if it is submitted on April 1, 2013.
    - Do not include spaces in the file name.
    - If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20130401a.dat*, *20130401b.dat*, and *20130401c.dat*.
    - Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130401.zip* if it is submitted on April 1, 2013.

3 Open an Internet browser window, type https://azpdmreporting.hidinc.com in the address bar, and then press [**Enter**].

4 When prompted, type the user ID and password supplied when the account was created.

5 Click **Upload a File**.

6 Click **Browse** to navigate to the location where you saved the file created in step 2.

7 If not previously named according to upload requirements, rename the file using the format **YYYYMMDD.dat**, for example, *20130401.dat*.

8 Click to select the file, and then click **Open**.

9 Click **Send File**.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

Physical Media (Tape, Diskette, CD, DVD)

1 If an account has not yet been created, perform the steps in Creating Your Account.

2 Prepare the data file for submission, using the ASAP 4.2 specifications described in Appendix A: ASAP 4.2 Specifications.

> **Important notes**:
>
> ▪ The file name should be constructed using the date of submission to HID as the file name, and should have a **.dat** extension. For example, name the file *20130401.dat* if it is submitted on April 1, 2013.
>
> ▪ Do not include spaces in the file name.
>
> ▪ If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20130401a.dat*, *20130401b.dat*, and *20130401c.dat*.
>
> ▪ Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130401.zip* if it is submitted on April 1, 2013.

3 Write the file to the preferred media (tape, diskette, CD, or DVD).

4 Add a label to the outside of the media that contains the following information:
   ▪ Pharmacy NABP
   ▪ Date of Submission
   ▪ Contact Person

5 Mail the media to:

Health Information Designs, LLC
ATTN: AZCSPMP Program
391 Industry Drive
Auburn, AL 36832

Universal Claim Form (UCF) Submission

When submitting information using a UCF, the information provided must be complete and accurate. Only complete and accurate submissions are entered into the CSPMP database. Please use the information in the Notes about NDC Numbers section as a guideline for providing accurate NDC numbers.

Notes about NDC Numbers

Use the following information when entering NDC numbers on the UCF:

- NDCs are 11 digits and use the format *99999-9999-99*.
- When adding an NDC, do not include the dashes, for example, *99999999999*.
- NDCs are typically located on the original medication bottle on the top right corner of the label, prefaced with "*NDC-*" and followed by the number.
- Manufacturers often leave off a zero in the NDC. In these instances, you should add the 0 where appropriate, using the following examples as a guideline:

If the NDC appears this way …	Enter it this way …
1234-5678-90 (missing 0 in first segment)	01234568790
54321-123-98 (missing 0 in 2nd segment)	54321012398

Manual UCF Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 4.2 format, prescription information may be submitted on the universal claim form (UCF) after obtaining approval from the ASBP. For information about requesting a waiver to submit prescription information by paper form, please contact the ASBP by phone at (602) 771-2744, by fax at (602) 771-2748, or by e-mail at dwright@azpharmacy.gov. This form is available in Appendix B: Universal Claim Form.

Completed forms may be faxed to 1-888-288-0337 or mailed to:

Health Information Designs, LLC
ATTN: AZCSPMP Program
391 Industry Drive
Auburn, AL 36832

Online UCF Submission

If you have Internet access, but are unable to submit your data in a batch upload, you may submit prescription information using RxSentry's online UCF.

Note: Prior approval is not required for submitting an *online* UCF.

The following new terms are introduced in this topic:

▪ **Record** – the patient, dispenser, and prescription information that you enter for one patient on the UCF

▪ **Batch** – a single record, or group of records, that you upload using the **Submit Batch** function
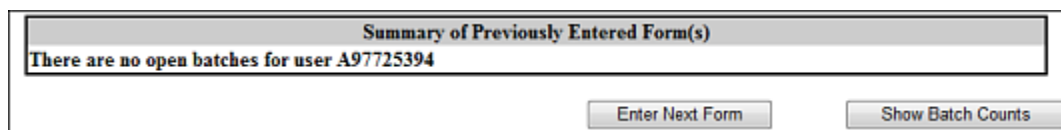
Note: Records can be continually added to a batch—a convenient feature that allows you to enter records at your convenience and not all at one time. We recommend that you add as many records as possible to a batch before submitting it; however, you should submit and close batches in accordance with your state's reporting time frame.

Perform the following steps to use the online UCF to submit prescription information:

1 If you do not have an account, perform the steps in Creating Your Account.

2 Open an Internet browser window, type https://azpdmreporting.hidinc.com in the address bar, and then press [**Enter**].

A login window is displayed.

3 Type your user name in the **User Name** field.

4 Type your password in the **Password** field.

5 Click **OK**.

6 From the RxSentry home page, click **UCF Form Entry**. A window similar to the following is displayed:

Summary of Previously Entered Form(s)
There are no open batches for user A97725394

Enter Next Form   Show Batch Counts

▪ **Enter Next Form** allows you to prepare one or more records for submission.
▪ **Show Batch Counts** displays the number of records in the batch currently being prepared for submission and the number of records that have been previously been submitted.

7 Click **Enter Next Form**.

A window similar to the following is displayed:

UCF Form/Manual Entry

Patient Information

Telephone#	_____ (ex 1234567890)
First Name	_____	Middle Initial	___	Last Name	_____
DOB	_____ (ex 01/01/06)		○ Male ○ Female
Address	_____	City	___	State	__	Zip	___

Dispenser Information

NABP	_____	DEA	_____	Dispenser Name	_____
Phone	_____		Fax	_____
Address	_____	City	___	State	__	Zip	___

Prescription Information

Prescription #1

Rx#	_____	Date Filled	_____	Date Written	_____	○ New ○ Refill
NDC	_____	Drug Name (Strength)	_____
Quantity	_____	Days Supply	_____	Refills Left	_____
Prescriber DEA	_____	State License #	_____	Name	_____
Prescriber Phone	_____		Prescriber Fax	_____
○ PvtPay ○ Mdcaid ○ Mdcare ○ PBM ins ○ Maj Med ○ Wk Cmp

8 The UCF contains three sections—Patient Information, Dispenser Information, and Prescription Information. Refer to the following information to complete these sections on the UCF:

- **Patient Information –** Complete all fields in this section.
- **Dispenser Information –** In this section, supply your DEA number in the **DEA** field. Once this information is provided, all associated dispenser information available within the RxSentry database is populated in the appropriate fields.
- **Prescription Information** – Information for up to three prescriptions may be entered in this section, and all fields for each prescription must be completed.
- If entering more than one prescription for the same prescriber, you may select the **Use Prescriber Information From Above** check box to auto-populate each prescription with the previously-used prescriber information.

9 Once all information has been entered, click **Submit**.

Notes:

- If information is missing from any required fields on the UCF, the UCF window will display again with the required fields indicated. Click **Modify** to add the missing information, and then click **Submit**.
- If the system indicates that the DEA number or the NDC number you have provided is invalid, and you are certain you have provided the correct number, contact HID using the information supplied in Assistance and Support.

10 The UCF is displayed for your review. If all information is correct, click **Submit**. If you need to modify any information, click **Modify**.

Once you click **Submit**, a window similar to the following is displayed:

Summary of Previously Entered Form(s)	
Patient Name JANE DOE	DOB 04/19/73
Prescriber	Pharmacy PAYSON APOTHECARY PHARMACY, LLC
Rx# 1234	Drug Name HYDROCODONE SYRUP
Filled 09/02/09	Written 09/02/09
Load Status ENTERED	

There are 1 Record(s) in Current Batch for A97725394

[Enter Next Form]   [Show Batch Counts]   [Submit/Close Batch]

11 Perform one of the following functions:

- Click **Enter Next Form** to add additional records to this batch.
- Click **Show Batch Counts** to display the number of records in the current batch.
- Click **Submit/Close Batch** to upload this batch of records.

5   Upload Reports and Edit Definitions

Upload Reports

HID provides all submitters of data with an upload report. When creating an account, you are required to submit an e-mail address and a fax number. You can specify if you wish to receive your upload report by either of these methods. If you FTP/SFTP the data, a report will be placed in your home directory on the FTP server.

Below is an example of an error report:

```
Edit Report for file groups/TEST/new/20120423103220_2.DAT Edited 05/31/2012

                                    File Name

   Numeric Error
     Code*                                         Data that
                  Error Description*               was incorrect        RX
                                                                        Number

Record        10: 25-Prescriber ID not found    Data: [000000    ] AB9876543    04034558
Record        52: 25-Prescriber ID not found    Data: [BY0000001] AB9876543     04033470
Record        84: 25-Prescriber ID not found    Data: [AD0000004] AB9876543     04031888
Record        99: 54-Customer Zip Code conflicts with Stat Data: [000000000] AB9876543  04034458
Record       152: 25-Prescriber ID not found    Data: [BO5555555] AB9876543     04034493
Record       185: 25-Prescriber ID not found    Data: [BO5555555] AB9876543     04034459
Record       200: 25-Prescriber ID not found    Data: [BS110011 ] AB9876543     04034489
Record       215: 54-Customer Zip Code conflicts with Stat Data: [432780000] AB9876543  04033520
Record       224: 25-Prescriber ID not found    Data: [AS1111119] AB9876543     04034542
Record       350: 25-Prescriber ID not found    Data: [MH5555555] AB9876543     04034481
Record       351: 25-Prescriber ID not found    Data: [MH5555555] AB9876543     04034482
Record       373: 54-Customer Zip Code conflicts with Stat Data: [000000000] AB9876543  04032245


Total #Records:       398            (TOTAL NUMBER OF RECORDS YOU SUBMITTED)
 # Records with Errors:       12 (  3%)
 # Records with SERIOUS Errors:      3 (  1%) (WE REJECT ENTIRE FILE ONLY IF OVER 20% SERIOUS)
 # Records with FATAL Errors:        0 (  0%) (WE REJECT ALL FATAL ERRORS OR AN ENTIRE FILE IF OVER 10% FATAL)
 # Records with Duplicates:         0 (  0%) (WE AUTOMATICALLY REJECT ANY RECORD WE HAVE ALREADY RECEIVED)
            0 Records Imported 05/31/2012      (TOTAL NUMBER OF RECORDS WE ACCEPTED)


*References to error codes and descriptions of specific error codes can be found in your state's Implementation guide.
```

A single claim may be rejected, or if a certain percentage of claims are rejected in an individual file, the entire file may be rejected. We track three types of errors:

▪ Minor – Incorrect data in non-vital field
▪ Serious – Record can be loaded with missing or inappropriate data
▪ Fatal – Record cannot be loaded

An entire batch may be rejected if:

▪ ALL records have Fatal or Serious errors
▪ More than 10% of the records have Fatal errors
▪ More than 20% of the records have Serious errors

View Upload Reports

This function provides dispensers access to upload reports that were previously delivered via e-mail or fax following a data submission. By default, the reports that display for reviewing are provided for a 31-day period. However, dispensers can view reports outside of the 31-day default period by entering start and end dates for the desired date range.

Perform the following steps to view upload reports:

1 Open an Internet browser window, type https://azpdmreporting.hidinc.com in the address bar, and then press [**Enter**].

A login window is displayed.

2 Type your user name in the **User Name** field.

3 Type your password in the **Password** field.

4 Click **OK**.

5 From the RxSentry home page, click **View Upload Reports**. A window similar to the following is displayed:

Report Timeframe: 10/18/10	- 11/18/10	Submit

Date and Time	Report Name	Process Date
11/11/10 9:17:18 AM	20101111.dat.rpt	11/11/10
10/21/10 9:58:52 AM	20101021.dat.rpt	10/21/10

6 Click a hyperlink in the **Report Name** field to open an upload report for viewing.

To view reports for a different time frame, type a start and end date in the **Report Timeframe** fields, and then click **Submit**.

Error Correction

Fatal errors will cause a record NOT to be loaded. If this occurs, correct the data that caused the error and resubmit the entire record. If a record with a serious or minor error is loaded and a correction is required, records can be corrected using the DSP01 values as explained below.

Note: Edit Number V1 as shown in the Edit Definitions table should not be resubmitted. All other records with errors that are not fatal will be loaded unless the batch thresholds are reached. Error thresholds are defined in the Upload Reports section.

The ASAP 4.2 standard requires a dispenser to select an indicator in the **DSP01** (Reporting Status) field. Dispensers may submit new records, revise and resubmit records, and void (delete) erroneous records. These actions are indicated by supplying one of the following values in the **DSP01** field:

- 00 New Record – indicates a new record
- 01 Revise – indicates that one or more data elements in a previously-submitted record has been revised
- 02 Void – indicates that the original record should be voided

Use the information in the following topics to create, revise/resubmit, or void an erroneous record.

Submit a New Record

Perform the following steps to submit a new record:

1 Create a record with the value 00 in the **DSP01** field.

2 Populate all other required fields and submit the record.

> **Note:** These steps are used to submit new records *or* to submit records that were previously submitted but received a fatal status on your error report. **Records with fatal errors are not loaded to the system**. The errors in these records must be corrected in your system and resubmitted using the 00 status in the **DSP01** field.

Revise a Record

Perform the following steps to revise a record:

1 Create a record with the value 01 in the **DSP01** field.

2 Populate the following fields with the same information originally submitted in the erroneous record:
PHA03 (DEA Provider ID)
DSP02 (Prescription Number)
DSP05 (Date Filled)

3 Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.

4 Submit the record.

Important note: If any of the fields referenced in step 2 are part of the correction, the record must first be voided using the steps provided in the Void a Record section, and then you must re-submit the record using the value 00 in the **DSP01** field.

Void a Record

Perform the following steps to void (delete) a record:

1 Send a record with the value 02 in the **DSP01** field.

2 Fill in all other data identical to the original record. This will void the original record submission.

Edit Definitions

The following table describes the current list of edits:

Edit Number	Message	Severity
Edit 01	Format of File Error	Fatal
Edit 02	Pharmacy DEA is blank	Fatal
Edit 05	Pharmacy ID not found	Fatal
Edit 07	Customer ID blank	Minor
Edit 09	Invalid DOB	Serious
Edit 10	Gender must be valid	Serious
Edit 14	Reporting status is invalid	Fatal
Edit 15	Date Dispensed is invalid or irrational	Serious
Edit 17	Refill Code must be a valid number	Minor
Edit 18	Quantity is invalid	Serious
Edit 19	Days Supply is invalid	Minor
Edit 19	Days Supply is 999	Fatal
Edit 20	Days Supply > 360	Serious
Edit 21	NDC not found	Serious
Edit 21	NDC not found (used when CDI segment is used)	Fatal
Edit 22	Product ID Qualifier is invalid	Fatal
Edit 25	Prescriber ID not found	Minor
Edit 25	Prescriber ID cannot be blank	Fatal
Edit 26	Prescriber Last Name is blank	Serious
Edit 27	Prescriber First Name is blank	Serious

Edit Number	Message	Severity
Edit 28	Date RX Written is invalid	Serious
Edit 29	Number of Refills Authorized is invalid	Minor
Edit 31	Classification Code for Payment Type is invalid	Serious
Edit 50	Customer Last Name must not be blank	Serious
Edit 51	Customer First Name must not be blank	Serious
Edit 52	Customer Address must not be blank	Serious
Edit 53	Customer ZIP Code must not be blank	Serious
Edit 54	Customer ZIP Code conflicts with State Code	Serious
Edit 60	State Code must not be blank	Serious
Edit 61	State Code invalid	Serious
Edit 86	Diagnosis Code is invalid	Minor
Edit V1	Record already exists **Note**: Duplicate records are not loaded. The number of duplicate records, if any, is displayed on the upload report produced after data file transmission has completed.	Minor

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6   Glossary

ASAP

American Society for Automation in Pharmacy

Batch

Group of files (report or query requests) that are processed in the background while other work is continued

Dispenser

Pharmacy or practitioner authorized to dispense controlled substances

FTP

File Transfer Protocol; commonly-used protocol for exchanging files over any network

NABP

National Association of Boards of Pharmacy

NDC

National Drug Code; describes specific drugs by manufacturer drug and package size

PMP

Prescription Monitoring Program

Prescriber

A practitioner who is authorized by state and federal agencies to prescribe controlled substances

RxSentry

Prescription drug monitoring program developed by Health Information Designs, LLC

SFTP

Secure File Transfer Protocol (also referred to as "SSH File Transfer Protocol"); provides file transfer and manipulation functionality over any reliable data stream

SSL

Secure Sockets Layer; cryptographic protocol that provides secure communications for data transfers

Universal Claim Form

Form used by someone who does not have electronic capability to send data; must be approved by governing agency

Uploader

A pharmacy or group of pharmacies, a practitioner, or a group of practitioners that upload a data file containing controlled substance dispensing information

7   Assistance and Support

Technical Assistance

If you need additional help with any of the procedures outlined in this guide, you can:

Contact HID at azpdm-info@hidinc.com

Or

Call the HID Help Desk at 1-866-792-3149

Technical assistance is available Monday through Friday (except for holidays) from 8:00 a.m. – 5:00 p.m. CT (Central Time).

Administrative Assistance

If you have any non-technical questions regarding the Arizona Controlled Substance Prescription Monitoring Program, please contact:

Dean Wright
Arizona State Board of Pharmacy
1616 W. Adams, Suite 120
Phoenix, AZ 85007
(602) 771-2744; fax (602) 771-2749
dwright@azpharmacy.gov
Mailing address: P.O. Box 18520
                                      Phoenix, AZ 85005

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8   Document Information

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Auburn, AL 36832

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Formatting Conventions

The following formatting conventions are used throughout this document.

Format	Used to Designate…
Bold	References to execution buttons, windows, file names, menus, icons, or options
Arial	Text you must type in a field or window, for example, "type *Tho* to display a list of recipients…"
Blue underline	Hyperlinks to other sections of this document or external websites

Table 1 – Text Formats

Version History

The Version History records the publication history of this document. See the Change Log for more details regarding the changes and enhancements included in each version.

Publication Date	Version Number	Comments
08/01/2008	1.0	Initial delivery
06/15/2009	1.1	Updated publication

Publication Date	Version Number	Comments
09/04/2009	2.0	Updated publication
09/23/2009	3.0	Updated publication
08/10/2010	3.1	Updated publication
09/20/2010	3.2	Updated publication
08/22/2011	3.3	Updated publication
04/13/2012	3.4	Updated publication
10/30/2012	3.5	Updated publication
01/31/2013	3.6	Updated publication
04/01/2013	3.7	Updated publication

Table 2 – Document Version History

Change Log

The Change Log records the changes and enhancements included in each version.

Version Number	Chapter/Section	Change
1.0	N/A	Initial version
1.1	Chapter 2/Data Collection and Tracking	Data collection date changed from September 2008 to October 2008 in the "Data Collection" topic
	Chapter 3/Data Submission	▪ Data collection date changed from September 2008 to October 2008 in the "Timeline and Requirements" topic ▪ "Reporting Zero Dispensing" topic added
2.0	Chapter 4/Data Delivery Methods	▪ "Universal Claim Form (UCF) Submission" topic added ▪ Additional notes for file upload preparation added to each topic in Chapter 4
3.0	Appendix A: ASAP 2005 Specifications	ASAP specifications corrected
3.1	Chapter 7/Assistance and Support	"Technical Assistance" topic modified to change support hours to 8:00 am – 5:00 pm CT
	Chapter 4/Data Delivery Methods	"Notes About NDC Numbers" topic added
	Chapter 6/Glossary	Glossary added

Version Number	Chapter/Section	Change
3.2	Chapter 5/Upload Reports and Edit Definitions	"Error Correction" topic added
	Chapter 3/Data Submission	"Modifying Your Upload Account" topic added
3.3	Appendix A: ASAP 2005 Specifications	Removed information about using a backslash (\) as a segment terminator; only the tilde (~) should be used as a segment terminator
	Appendix B: Universal Claim Form	Changed fax number to 1-888-288-0337
	Data Delivery Methods	Data file names changed from October 2009 to October 2011.
3.4	Chapter 7/Administrative Assistance	Updated physical address and added mailing address
3.5	Appendix A/ASAP Specifications Table	Changed the field usage for PLN03 from "R" to "N"
3.6	Appendix A/ASAP Specifications Table	▪ Added field name for CDI05 ▪ Added field terminator to the "Field Data" column for RX19
3.7	Global	ASAP specifications upgraded from ASAP 2005 to ASAP 4.2

Table 3 – Document Change Log

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Appendix A: ASAP 4.2 Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) version 4, release 2 format to comply with the Arizona Controlled Substances Prescription Monitoring Program requirements.

The following elements are used in each upload file:

- **Segment Identifier** – indicates the beginning of a new segment, for example *PHA*.

- **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (*).

  Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.

  If the last field in the segment is blank, it should contain an asterisk and a tilde (~).

- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).

  Note: Field TH09 in the Transaction Header segment contains a built-in segment terminator. Since TH09 also signifies the end of the segment, it should contain two tildes (~~).

- Field Usage
  - o R = Required by ASAP
  - o RR = Required by the AZ CSPMP
  - o S = Situational (not required; however, supply if available)

  Both "R" and "RR" fields must be reported.

Note: For more information regarding ASAP 4.2 specifications, contact the American Society for Automation in Pharmacy at www.asapnet.org for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs*. This guide includes field lengths, acceptable attributes, and examples.

Segment	Field ID	Field Name	Field Usage
TH: Transaction Header			
Required segment; used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	**Version/Release Number** Code uniquely identifying the transaction. Format = xx.x	R
	TH02	**Transaction Control Number** Sender assigned code uniquely identifying a transaction.	R
	TH03	**Transaction Type** Identifies the purpose of initiating the transaction. • 01 Send/Request Transaction • 02 Acknowledgement (used in Response only) • 03 Error Receiving (used in Response only) • 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	R
	TH04	**Response ID** Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
	TH05	**Creation Date** Date the transaction was created. Format: CCYYMMDD.	R
	TH06	**Creation Time** Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	**File Type** • P = Production • T = Test	R
	TH08	**Routing Number** Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	S
	TH09	**Segment Terminator Character** This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source			
Required segment; used to convey the name and identification numbers of the entity supplying the information.			
	IS01	**Unique Information Source ID** Reference number or identification number. (Example: phone number)	R
	IS02	**Information Source Entity Name** Entity name of the Information Source.	R
	IS03	**Message** Free-form text message.	S

Segment	Field ID	Field Name	Field Usage
PHA: Pharmacy Header			
Required segment; used to identify the pharmacy.			
Note: It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	**National Provider Identifier (NPI)** Identifier assigned to the pharmacy by CMS.	S
	PHA02	**NCPDP/NABP Provider ID** Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	S
	PHA03	**DEA Number** Identifier assigned to the pharmacy by the Drug Enforcement Administration.	RR
	PHA04	**Pharmacy Name** Free-form name of the pharmacy or dispensing practitioner's name.	RR
	PHA05	**Address Information – 1** Free-form text for address information.	RR
	PHA06	**Address Information – 2** Free-form text for address information.	S
	PHA07	**City Address** Free-form text for city name.	RR
	PHA08	**State Address** U.S. Postal Service state code.	RR
	PHA09	**ZIP Code Address** U.S. Postal Service ZIP Code.	RR
	PHA10	**Phone Number** Complete phone number including area code.	S
	PHA11	**Contact Name** Free-form name.	S
	PHA12	**Chain Site ID** Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	S
PAT: Patient Information			
Required segment; used to report the patient's name and basic information as contained in the pharmacy record.			
	PAT01	**ID Qualifier of Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT03.	S

Segment	Field ID	Field Name	Field Usage
	PAT02	**ID Qualifier** Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID)	S
	PAT03	**ID of Patient** Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	S
	PAT04	**ID Qualifier of Additional Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
	PAT05	**Additional Patient ID Qualifier** Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID)	S
	PAT06	**Additional ID** Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	S
	PAT07	**Last Name** Patient's last name.	RR
	PAT08	**First Name** Patient's first name.	RR
	PAT09	**Middle Name** Patient's middle name or initial if available.	S
	PAT10	**Name Prefix** Patient's name prefix such as Mr. or Dr.	S

Segment	Field ID	Field Name	Field Usage
	PAT11	**Name Suffix** Patient's name suffix such as *Jr*. or *the III*.	S
	PAT12	**Address Information – 1** Free-form text for street address information.	RR
	PAT13	**Address Information – 2** Free-form text for additional address information.	S
	PAT14	**City Address** Free-form text for city name.	RR
	PAT15	**State Address** U.S. Postal Service state code **Note:** Field has been sized to handle international patients not residing in the U.S.	RR
	PAT16	**ZIP Code Address** U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	RR
	PAT17	**Phone Number** Complete phone number including area code.	S
	PAT18	**Date of Birth** Date patient was born. Format: CCYYMMDD	RR
	PAT19	**Gender Code** Code indicating the sex of the patient. • F Female • M Male • U Unknown	RR
	PAT20	**Species Code** Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. • 01 Human • 02 Veterinary Patient	RR

Segment	Field ID	Field Name	Field Usage
	PAT21	**Patient Location Code** Code indicating where patient is located when receiving pharmacy services. • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other	S
	PAT22	**Country of Non-U.S. Resident** Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	S
	PAT23	**Name of Animal** Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
DSP: Dispensing Record Required Segment; used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	**Reporting Status** DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).	R
	DSP02	**Prescription Number** Serial number assigned to the prescription by the pharmacy.	RR
	DSP03	**Date Written** Date the prescription was written (authorized). Format: CCYYMMDD	RR
	DSP04	**Refills Authorized** The number of refills authorized by the prescriber.	RR

Segment	Field ID	Field Name	Field Usage
	DSP05	**Date Filled** Date prescription was filled. Format: CCYYMMDD	RR
	DSP06	**Refill Number** Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
	DSP07	**Product ID Qualifier** Used to identify the type of product ID contained in DSP08. • 01 NDC • 06 Compound (indicates a compound; if used, the CDI segment becomes a required segment)	RR
	DSP08	**Product ID** Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	DSP09	**Quantity Dispensed** Number of metric units dispensed in metric decimal format. Example: 2.5 **Note**: For compounds show the first quantity in CDI04.	RR
	DSP10	**Days Supply** Estimated number of days the medication will last.	RR
	DSP11	**Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in DSP09. • 01 Each • 02 Milliliters (ml) • 03 Grams (gm)	S
	DSP12	**Transmission Form of Rx Origin Code** Code indicating how the pharmacy received the prescription. • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other	S
	DSP13	**Partial Fill Indicator** Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. • 00 Not a Partial Fill • 01 First Partial Fill **Note**: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.	S

Segment	Field ID	Field Name	Field Usage
	DSP14	**Pharmacist National Provider Identifier (NPI)** Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
	DSP15	**Pharmacist State License Number** This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S
	DSP16	**Classification Code for Payment Type** Code identifying the type of payment (i.e., how it was paid for). • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other	RR
	DSP17	**Date Sold** Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	S
	DSP18	**RxNorm Product Qualifier** • 01 Semantic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK) **Note**: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	DSP19	**RxNorm Code** Used for electronic prescriptions to capture the prescribed drug product identification. **Note**: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	DSP20	**Electronic Prescription Reference Number** Used to provide an audit trail for electronic prescriptions. **Note**: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.	S
	DSP21	**Electronic Prescription Order Number** **Note**: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.	S

Segment	Field ID	Field Name	Field Usage
PRE: Prescriber Information			
Required segment; used to identify the prescriber of the prescription.			
	PRE01	**National Provider Identifier (NPI)** Identifier assigned to the prescriber by CMS.	S
	PRE02	**DEA Number** Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	PRE03	**DEA Number Suffix** Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	RR
	PRE04	**Prescriber State License Number** Identification assigned to the prescriber by the State Licensing Board.	S
	PRE05	**Last Name** Prescriber's last name.	RR
	PRE06	**First Name** Prescriber's first name.	RR
	PRE07	**Middle Name** Prescriber's middle name or initial.	S
	PRE08	**Phone Number**	S
CDI: Compound Drug Ingredient Detail			
Use of this segment is situational; required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported.			
	CDI01	**Compound Drug Ingredient Sequence Number** First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	R
	CDI02	**Product ID Qualifier** Code to identify the type of product ID contained in CDI03. • 01 NDC • 02 UPC • 03 HRI • 04 UPN • 05 DIN • 06 Compound (this code is not used in this segment)	R
	CDI03	**Product ID** Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	CDI04	**Compound Ingredient Quantity** Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R

| Segment	Field ID	Field Name	Field Usage
	CDI05	**Compound Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in CDI04. • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent)	S
AIR: Additional Information Reporting			
Use of this segment is situational; used when state-issued serialized Rx pads are used, the state requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments.			
Note: If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	**State Issuing Rx Serial Number** U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	AIR02	**State Issued Rx Serial Number** Number assigned to state issued serialized prescription blank.	S
	AIR03	**Issuing Jurisdiction** Code identifying the jurisdiction that issues the ID in AIR05.	S
	AIR04	**ID Qualifier of Person Dropping Off or Picking Up Rx** Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID)	S
	AIR05	**ID of Person Dropping Off or Picking Up Rx** ID number of patient or person picking up or dropping off the prescription.	S
	AIR06	**Relationship of Person Dropping Off or Picking Up Rx** Code indicating the relationship of the person. • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other	S

Segment	Field ID	Field Name	Field Usage
	AIR07	**Last Name of Person Dropping Off or Picking Up Rx** Last name of person picking up the prescription.	S
	AIR08	**First Name of Person Dropping Off or Picking Up Rx** First name of person picking up the prescription.	S
	AIR09	**Last Name or Initials of Pharmacist** Last name or initials of pharmacist dispensing the medication.	S
	AIR10	**First Name of Pharmacist** First name of pharmacist dispensing the medication.	S
	AIR11	**Dropping Off/Picking Up Identifier Qualifier** Additional qualifier for the ID contained in AIR05 • 01 Person Dropping Off • 02 Person Picking Up • 98 Unknown/Not Applicable **Note**: Both 01 and 02 cannot be required by a prescription drug monitoring program.	S
TP: Pharmacy Trailer Required segment; used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	**Detail Segment Count** Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer Required segment; used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	**Transaction Control Number** Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	**Segment Count** Total number of segments included in the transaction including the header and trailer segments.	R

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Appendix B: Universal Claim Form

The Universal Claim Form is provided on the following page.

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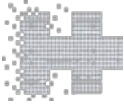
HEALTH INFORMATION DESIGNS, LLC
PRESCRIPTION DRUG MONITORING PROGRAM
AZCSPMP-UNIVERSAL CLAIM FORM

Please use this form to report the dispensing of a controlled substance.

Fax: (888) 288-0337 **Phone: (800) 225-6998**	**Fax or Mail to** **Health Information Designs**	**391 Industry Dr** **Auburn, AL 36832**

PATIENT INFORMATION

First Name _____   MI____   Last Name _____

Identification Number Identifier ☐ Military ID   ☐ State Issued ID   ☐ Unique System ID   ☐ Passport ID
☐ Driver's License ID   ☐ Social Security Number   ☐ Tribal ID   ☐ Other

Identification Number _____   DOB* _____/_____/_____
Veterinarians should enter the owner's DOB.

Gender ☐ Female   ☐ Male   ☐ Unknown   Species Code ☐ 01 Human   ☐ 02 Veterinarian Patient

Address _____   City _____   State ____   ZIP _____

DISPENSER INFORMATION

Dispenser Name _____   NABP _____   DEA _____

Phone # (_____)_____-_____   Fax # (_____)_____-_____

Address _____   City _____   State ____   ZIP _____

PRESCRIPTION INFORMATION

Prescription # 1

Rx # _____   Date Filled _____/_____/_____   Date Written _____/_____/_____   ☐ New   ☐ Refill

NDC [ ][ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ]   Drug Name (Strength) _____

Quantity Dispensed _____   Days Supply _____   # Refills Left _____

Prescriber Name _____   State License # _____   DEA _____

Prescriber Phone # (_____) _____-_____   Prescriber Fax # (_____) _____-_____

Classification Code for Payment Type ☐ Private Pay   ☐ Medicaid   ☐ Medicare   ☐ Commercial Insurance   ☐ Military Installations/VA
☐ Workers' Compensation   ☐ Indian Nations   ☐ Other

PRESCRIPTION INFORMATION

Prescription # 2

Rx # _____   Date Filled _____/_____/_____   Date Written _____/_____/_____   ☐ New   ☐ Refill

NDC [ ][ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ]   Drug Name (Strength) _____

Quantity Dispensed _____   Days Supply _____   # Refills Left _____

Prescriber Name _____   State License # _____   DEA _____

Prescriber Phone # (_____) _____-_____   Prescriber Fax # (_____) _____-_____

Classification Code for Payment Type ☐ Private Pay   ☐ Medicaid   ☐ Medicare   ☐ Commercial Insurance   ☐ Military Installations/VA
☐ Workers' Compensation   ☐ Indian Nations   ☐ Other

FOR HID USE ONLY

Date Received _____/_____/_____   Date Entered _____/_____/_____

Comments _____

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